

City of San Jose Healthy Neighborhoods

For Family or Friends of Seniors Survey - FY 2009-10

Agency Name—(Optional)Program Identification

Please fill out the following survey about the impact of the *Agency Name—(Optional)Program Identification* program on your family member. Your input will help us to better assist other seniors in the community. Please take a few minutes and answer the following questions.

Please fill in your family member's birth date: Month ____ Day ____ Year ____ Today's Date: ____

Please give us the first and last initials of your family member's name: First Initial ____ Last Initial ____

Please put an X in the box that best describes your opinion of this program.

1. I think that the program and activity my family member participated in was:
☐ Poor ☐ Fair ☐ Good ☐ Great
2. How much did your family member benefit from this program and its activities:
☐ Not at all ☐ Some ☐ A lot
3. How much did the people who ran the program care about your family member?
☐ Not at all ☐ Some ☐ A lot
4. Do you think this program would help another family's senior?
☐ Yes ☐ Maybe ☐ No

Please put an X in the box that best describes your family member's health today, mental and physical:

5. My family member's health overall is:
☐ Poor ☐ Fair ☐ Good ☐ Excellent

Mark the box to the right that best describes how you feel. Be sure to start off each question by saying, "Because of this program..." (Place a check or X in the box.)	<u>More</u>	<u>Less</u>	<u>The Same</u>	<u>Don't Know</u>
6. Because of this program, my family member is connected to people in his/her community who provide the services that he/she needs:				
7. Because of this program, my family member feels cared for:				
Mark the box to the right that best describes how you feel. Be sure to start off each question by saying, "Because of this program..." (Place a check or X in the box.)	<u>Better</u>	<u>Worse</u>	<u>The Same</u>	<u>Don't Know</u>
8. Because of this program, my family member's understanding of how to live a healthy lifestyle is:				
9. Because of this program, my family member's opportunities to interact with others are:				
10. Because of this program, my family member's ability to interact with new people of all ages, both young and old, is:				
11. Because of this program, my family member's knowledge of strategies to avoid smoking is:				
12. Because of this program, my family member's knowledge of who to go to for help when he/she has a question about his/her health is:				

**City of San Jose Healthy Neighborhoods
For Family or Friends of Seniors Survey - FY 2009-10
Agency Name—(Optional)Program Identification**

Mark the box to the right that best describes how you feel. Be sure to start off each question by saying, "Because of this program..." (Place a check or X in the box.)	<u>Better</u>	<u>Worse</u>	<u>The Same</u>	<u>Don't Know</u>